



Camps New Business Questionnaire

Camp Name _____ **FEIN #** _____

Executive Staff

Name of CEO: _____

Years as CEO: _____ Total years with this camp: _____

Prior organization/camp: _____ Total years with this camp: _____

Professional Social Services Staff

How many people work at the camp in the following capacities?

Licensed/Certified Social Workers: _____ Licensed/Certified Counselors: _____

Other Professional Staff

How many people work at the camp in the following capacities?

- | | |
|---|------------------------------|
| _____ EMTs | _____ Employed Nurses |
| _____ Physical Therapists | _____ Volunteer Nurses |
| _____ Personal Trainers | _____ Contracted Nurses |
| _____ Physicians | _____ Employed Masseuses |
| _____ Volunteer Physicians | _____ Contracted Masseuses |
| _____ Registered Dietitians/Nutritionists | _____ Staff who handle money |

Operations

List individual locations and give a brief description (e.g. day/resident camp, off-site programs, offices, etc.).

Location Name (or attach schedule)	City, State	Description

Is your camp accredited by the American Camp Association? Yes No

If yes, what is the date of the last visit? _____

Annual Revenue \$ _____

Total number of employees: _____ Full time: _____ Part time: _____

Total number of volunteers: _____

Ratio maintained at all locations of counselors to campers is: # _____ counselors for # _____ campers

Are any dams located on the camp property? Yes No

If yes, please specify the number: _____

Please submit a copy of the most recent dam inspection report.

Total number of saunas at your camp: _____ How many have sprinklers installed in them? _____

Is artificial turf present on the premises? Yes No

Is there a dock on the premises? Yes No

Do you have any air-supported structures (e.g. pool bubbles, tennis or gold domes)? Yes No

If yes, please specify the number: _____

Has the camp had an abuse/molestation incident(s) and/or claim in the past 5 years? Yes No

If yes, please describe: _____

With respect to your camp medical facility/health center:

Are written instructions from parents required? Yes No

Does staff administer all medications? Yes No

Is a log kept to record each time a medication or treatment is administered? Yes No

Programs

Total number of resident camps: _____ Dates of operation: _____

Address of Each Camp Location (or attach schedule)	Average Daily Attendance	# of Days Camp is Open	Age Range of Campers

Total number of day camps: _____ Dates of operation: _____

Address of Each Camp Location (or attach schedule)	Average Daily Attendance	# of Days Camp is Open	Age Range of Campers

Modes of operation (check all that apply):

- User Groups/Rentals Trip/Travel Special Needs
 Social Service Program Campgrounds

Seasons of operation (check all that apply):

- Summer Fall Winter Spring

Do you rent your camp facilities to outside groups? Yes No

If yes, answer the following:

Please provide annual gross receipts for all rentals: _____

Is a written lease/contract required for all user groups? Yes No

Approximate number of user-group participants: _____

Describe the level of supervision provided by camp: _____

Programs Continued

Mark all activities offered at camp locations:

General

- Archery
- Skate Park
- Riflery/BB
- Boating
- Trampolines

Winter Sports

- Snowboard
- Alpine Ski
- Cross Country Ski
- Ice Skating
- Snow Mobiles
- Tubing Hill

Adventure Programs

- Low Ropes Course
- High Ropes Course
- Climbing Wall
- Lead Climbing
- Zip Line
- Alpine Tower
- White Water Rafting

Equestrian

- Riding
- Grooming
- Pony Rides
- Jumping
- Vaulting
- Rodeo Activities

List any other activities not listed above: _____

Do campers sign a waiver of liability? Yes No

What percentage of activities are off-site? _____ %

Number of boats in use:

Sailboats less than 21 feet: _____ Sailboats 21+ feet: _____

Motorboats less than 26 hp: _____ Motorboats 26+ hp: _____

Please answer the following regarding equestrian exposure:

Number of saddle animals camp owns: _____ Number of saddle animals camp leases: _____

Those who handle the horses: # _____ Camp Staff # _____ Contractors

What certifications/training are required of equestrian staff? _____

Is there a separate Equestrian Waiver? Yes No

If wilderness camping, do you have an emergency communication plan? Yes No

If yes, please describe: _____

Special Needs

If special needs camping, please answer the following:

Percentage of campers with special needs: _____ %

Percentage of staff with relevant experience to the special needs being served: _____ %

Are staff informed of the abilities of the campers with special needs regarding activities, sleeping arrangements, diet, medical requirements, etc.? Yes No

Are independent contractors used to supervise/instruct campers with special needs? Yes No

If yes, is a contract/agreement with waiver language signed? Yes No

Swimming Pools and Waterfronts

Total number of pools/outdoor bodies of water used for swimming at your camp: _____

Location Address	Number of Indoor Pools	Number of Outdoor Pools	Number of Bodies of Water

Please note that all outdoor pools must be listed separately on the Statement of Values.

Are all swimming pools compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No

If no, please provide time table and action plan: _____

How many pools are not VGB compliant? _____

Please check any and all of the features available at the above listed pools/bodies of water:

- | | | | |
|---|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Waterslide (over 15 ft.) | <input type="checkbox"/> Lazy River | <input type="checkbox"/> Current Channel | <input type="checkbox"/> Flow-Rider |
| <input type="checkbox"/> Vortex Pool | <input type="checkbox"/> Spray Ground | <input type="checkbox"/> Diving Board | <input type="checkbox"/> Splash Pad |
| <input type="checkbox"/> Water Trampoline | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Rope Swing | <input type="checkbox"/> Blob |

List any other features not listed above: _____

Management Controls

Approximate number of camp counselors employed each season:

_____ Summer _____ Fall _____ Winter _____ Spring

Number of international staff: _____

Is an agency used for international staffing? Yes No

If yes, please attach contract.

Have all staff completed sexual abuse prevention training? Yes No

If yes, upon hiring? Yes No

And/or during employment? Yes No

How often? _____

Does the camp instruct staff members to avoid being alone with a child? Yes No

Does the camp operate programs where staff may work one-on-one with a camper? Yes No

If yes, describe the program(s): _____

Americans with Disabilities Act Controls

Has your camp (including all locations/operations) had a formal ADA audit by a qualified consultant? Yes No

If yes, were formal recommendations submitted? Yes No

Has your camp (including all locations/operations) received any written ADA complaints from members, patrons, guests and/or employees in the past five years? Yes No

If yes, is a record kept of such complaints and their resolution? Yes No

Have your employees and/or volunteers been trained to report any non-written ADA related complaints? Yes No

If yes, is a record kept of such reports and their resolution? Yes No

Americans with Disabilities Act Controls Continued

How often does your camp (including all locations/operations) review current ADA related policies and procedures, facility access, job descriptions, job accommodation processes and training for managers and staff? _____

Housing

Number of dwellings located on the insured property: _____

Number of dwellings that are occupied year-round: _____

Number of dwellings that are leased to staff/other: _____

Commercial Cooking

List locations where commercial cooking is performed.

Address (or attach schedule)	Is there a suppression system?		Is there an automatic fuel shut off?		Is cleaning of hood and duct contracted out?	
	Yes	No	Yes	No	Yes	No

Automobile

Are volunteers and/or staff allowed to drive camp vehicles? Yes No

Number of volunteers at all locations who regularly use their own autos to transport social service clients in connection with your programs: _____

Are MVRs checked on all drivers? Yes No

If yes, how often? At hire only Annually

Are international staff allowed to drive on camp business? Yes No

Automobile Continued

Are children transported? Yes No

If yes, please describe: _____

How many vehicles are used? _____

Types of vehicles used: _____

Does your organization ever utilize 12/15 passenger vans? Yes No

If yes, please describe how these vans are used. _____

Who drives the vehicles (e.g. camp staff, contractors, etc.)? _____

Other than the driver, are there additional staff on vehicle to supervise riders? Yes No

Are Certificates of Insurance obtained for all volunteers/staff who drive their automobiles for camp business? Yes No

If yes, what automobile limits are they required to carry? _____

Does your camp ever outsource transportation to local companies? Yes No

If yes, what is the annual cost of hire? _____

Please attach a copy of the Certificate of Insurance obtained from the transportation company.

Complete and Sign

The information contained in this document is true and accurate, and completed to the best of my knowledge and ability.

Print Name: _____

Signature: _____

Title: _____

Date: _____